FORM GEW-TA-RV-5 (REV. 2003)

STATE OF HAWAII DEPARTMENT OF TAXATION

DO NOT WRITE IN THIS AREA

GENERAL EXCISE/USE, EMPLOYER'S WITHHOLDING, TRANSIENT ACCOMMODATIONS AND RENTAL MOTOR VEHICLE & TOUR VEHICLE SURCHARGE **APPLICATION CHANGES**

IMPORTANT: File this form ONLY if there are changes to your license application (Form BB-1). Taxpayer's Name_ _____GE/WH/TA/RV I.D. No. _ PLEASE CHANGE MY: 1. NAME TO: (Does not include change of ownership. (e.g., if a new FEIN is required, a new license must be obtained.) Reason for name change. 2. Doing Business As (DBA) Name: () _ Does not include change of ownership. (e.g., if a new FEIN is required, a new license must be obtained.) ☐ TELEPHONE NUMBER TO: Business (_ 3. ☐ ACCOUNTING PERIOD TO: ☐ Calendar Year Fiscal year ending ____ / ___ / 4 As of ☐ ACCOUNTING METHOD TO: ☐ Accrual 5. Cash As of____ ☐ GENERAL EXCISE FILING PERIOD: From: As of_ ☐ Monthly Monthly (Annual tax exceeds \$4,000.) ☐ Quarterly Quarterly (Annual tax does not exceed \$4,000.) Semi-annually Semi-annually (Annual tax not more than \$2,000.) ☐ **WITHHOLDING** FILING PERIOD: From: As of_ ☐ Monthly Monthly (Annual tax exceeds \$5,000.) ☐ Quarterly Quarterly (Annual tax does not exceed \$5,000.) TRANSIENT ACCOMMODATIONS FILING PERIOD: From: To: As of_ ☐ Monthly ☐ Monthly (Annual tax exceeds \$4,000.) ☐ Quarterly Quarterly (Annual tax does not exceed \$4,000.) ☐ Semi-annually Semi-annually (Annual tax not more than \$2,000.) RENTAL MOTOR VEHICLE & TOUR VEHICLE SURCHARGE FILING PERIOD: From: ☐ Monthly Monthly (Annual tax exceeds \$4,000.) ☐ Quarterly Quarterly (Annual tax does not exceed \$4,000.) ☐ Semi-annually Semi-annually (Annual tax not more than \$2,000.) **PLEASE ADD:** 10. FEDERAL EMPLOYER I.D. NO.__ (If your FEIN has changed, you must apply for a new license. This line is ONLY for those applicants who did not have a FEIN at the time the original application was filed.) 11. PARENT CORPORATION'S: FEIN ______ G.E. I.D. NUMBER _____ 12. NEW PARTNERS OR CORPORATE OFFICERS (List on back of this form.) **MAILING** 13. NEW BUSINESS ACTIVITY **ADDRESSES** ADDRESS(ES) OF YOUR RENTAL REAL PROPERTY, RENTAL MOTOR VEHICLE AND/OR TOUR BUSINESS, OAHU DISTRICT OFFICE AND TRANSIENT ACCOMMODATIONS. (List on back of this form.) P.O. BOX 1425 HONOLULU, HI 96806-1425 15. DBA (Doing Business As) Name 16. MY SPOUSE: Name_ MAUI DISTRICT OFFICE P.O. BOX 1427 **PLEASE DELETE:** WAILUKU, HI 96793-6427 17. PARTNERS OR CORPORATE OFFICERS. (List on back of this form.) HAWAII DISTRICT OFFICE P.O. BOX 937 ☐ BUSINESS ACTIVITY

SSN

19. ADDRESS(ES) OF YOUR RENTAL REAL PROPERTY, RENTAL MOTOR VEHICLE AND/OR TOUR BUSINESS,

AND TRANSIENT ACCOMMODATIONS. (List on back of this form.)

☐ DBA (Doing Business As) Name _____

SPOUSE: Name_

HILO HI 96721-0937

LIHUE, HI 96766-5687

P.O. BOX 1687

KAUAI DISTRICT OFFICE

Social Security Number	Identify partners or principal corporate officers - title - address - city - state - zip (If more space is needed, attach a separate list of names, titles, and addresses.)					
	Name	Addres	Address		Title	
4. Address(es) of your rent	tal real property, rental motor v	vehicle and/or tour business. a	and transient accomm	odations to b	oe ADDE	
List by island. If a transient a	ccommodation or a rental motor propriate column on the right. (If	vehicle or tour business,	Island	Check if TA		
					-	
7. Partners or corporate of	officers to be DELETED :	al annual and a file and this and	Indiana alta atata	·		
Social Security Number	Identify partners or principal corporate officers - title - address - city - state - zip (If more space is needed, attach a separate list of names, titles, and addresses.)					
	Name	Addres	Address		Title	
	al real property, rental motor ve		d transient accommod			
List by island. If a transient arplace a check mark in the apattach a separate schedule.)	ccommodation or a rental motor propriate column on the right. (If	vehicle or tour business, more space is needed,	Island	Check if TA	Check in RV	
					-	